



Denise Juneau, Superintendent
Office of Public Instruction
Accreditation Division
PO Box 202501
Helena MT 59620-2501

AUTHORIZED SIGNATURES AND CHECKLIST 2010-2011 School Year

DUE DATES:

To County Superintendent: Tuesday 10/19/2010

**To Office of Public Instruction, Accreditation Division:
Tuesday 10/26/2010**

County: _____

District: _____ Le: _____

Your work is very
important for
reporting about
and funding
Montana Schools!

School
Principal



District
Office



County
Superintendent



OPI
Staff



Board of Public Education
School Accreditation
School Improvement
State Funding
Federal Programs & Funding
OPI Web Site (Public Data)

Please check to confirm that all reports are completed, and submitted electronically to the Office of Public Instruction by the above dates. Print this form and forward ORIGINAL to the County Superintendent.

- ☐ School Aggregate Hours (one per school)
- ☐ Personnel Assignments
 - ☐ District Level Report (one per district)
 - ☐ School Level Report (one per school)
- ☐ Accreditation Data Report (one per school)
- ☐ PIR and School Start and End Dates (one per school)
- ☐ Alternative Education Programs (one per school)
- ☐ Indian Education Report (one per school, one per district)
- ☐ Personnel Recruitment Report (one per district)
- ☐ Technology Use Report (one per school)
- ☐ Technology Integration Report (one per district)
- ☐ Distance Learning Report (one per district)
- ☐ Testing Coordinators (one per district)
- ☐ Dual Enrollment Opportunities (one per district)
- ☐ Highly Qualified Teacher (one per school)
- ☐ Homeless Liaison Report (one per district)
- ☐ Reviewed Preliminary Accreditation Report after submit (electronic filers only)
- ☐ Enclose a copy of your school calendar and master schedule(s) with this signature page.

Authorized Signatures

District Signature

I verify to the best of my ability that the information reported electronically for the district's Annual Data Collection is complete and accurate.

Signature _____

Printed Name _____

Date _____

Check One: ☐ Superintendent ☐ Board Chair, if no Superintendent or Principal
☐ Principal, no Superintendent

County Superintendent Signature

I verify that the Annual Data Collection was submitted to me electronically.

Signature _____

Printed Name _____

Date _____

For assistance visit our web site at: http://www.opi.mt.gov/Reports&Data/index.html?gpm=1_5 or call (406) 444-4050.